

# Personnel Policy Bulletin

Lancaster County

Number: 2004-1

Date: July, 2004

Reference:	Title:
Lancaster County Personnel Policy Bulletin 2003-2	Natural Disaster Leave Donation Policy

## NATURAL DISASTER LEAVE DONATION POLICY

### Introduction:

The County of Lancaster recognizes that there are instances in which an employee may personally suffer significant losses of property from a natural disaster requiring an employee to be absent from work. The County also recognizes that when these instances occur, co-workers of the employee who personally experienced a significant property loss as the result of a natural disaster desire to assist the employee until the employee can return to work. This policy bulletin is intended to establish guidelines for employees of Lancaster County to donate accrued vacation time and personal convenience holidays to another employee who personally suffered a significant property loss as a result of a natural disaster to be used as paid leave by the employee who personally suffered the significant property loss.

### **I. POLICY**

In the event the Governor of the State of Nebraska declares a state of emergency as the result of a natural disaster, it shall be the policy of the County of Lancaster to allow employees the opportunity to donate accrued vacation leave and personal convenience holidays to the benefit of another County employee who personally suffered a significant property loss as the result of the natural disaster.

### **II. PROCEDURE**

#### **A. Employees Covered**

All classified and unclassified employees who earn leave and have been employed a minimum of twelve consecutive months shall be eligible to participate in the Natural Disaster Leave Donation Program.

#### **B. Recipient Employee Eligibility**

To be eligible to receive leave donated pursuant to this policy, an employee must meet the following conditions:

1. The employee must have personally suffered a significant loss of property, as the result of a natural disaster, including but not limited to, the physical destruction of or a significant damage to the employee's personal residence.
2. The employee must provide a verification of the significant property loss or damage satisfactory to the County.
3. The employee must have a minimum of one year of service with the County.

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4. The employee must not have offered anything of value to another employee in exchange for the leave donation.
5. No more than 80 hours of natural disaster leave may be received by the employee for any given state of emergency.
6. The employee must complete the Natural Disaster Donation Request Form and submit the form to the employee's department head, and the Personnel Director, who will certify that the employee is eligible to participate in the leave donation program.

## **C. Donor Employee Eligibility**

1. The employee must have an accrued vacation leave balance of at least forty hours subsequent to making a leave donation.
2. The employee must donate Personal Convenience Holidays in only eight-hour increments. Vacation may be donated in four-hour or eight-hour increments.
3. The employee must not have solicited nor accepted anything of value in exchange for the donation.
4. The employee must complete and have witnessed the Natural Disaster Donation Form.

## **D. How to Apply For or Donate Leave**

1. An employee who qualifies for natural disaster leave shall complete the Natural Disaster Leave Donation Request Form and submit it to the department head who shall, in conjunction with the Personnel Director, review it for approval or denial.
2. Upon approval, donor employees shall complete the Natural Disaster Donation Form indicating a willingness to donate vacation or Personal Convenience Holiday time and the amount of said time to be donated. This form shall also be signed by a witness to the donor's signature. The completed form should then be forwarded to the payroll person in the department of the requesting employee.
3. Employees donating their time are doing so strictly on a voluntary basis and will have their vacation or Personal Convenience Holiday leave balances irrevocably debited for the amount of time transferred to the recipient employee. The transferred time will be placed in the recipient employee's vacation leave account.
4. The Personnel and County Payroll Departments will monitor hours donated. The time donated will be on an "hour-for-hour" basis to the recipient employee.

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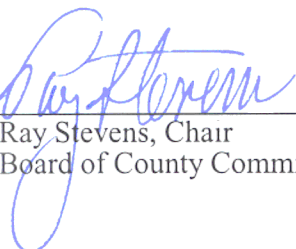
5. Vacation hours transferred are done so in four-hour or eight-hour increments. Personal Convenience Holiday hours transferred are done so in eight-hour increments. All time donated must be used by the recipient for recovery from the property loss associated with the natural disaster. In no event shall the employee be allowed to utilized time donated pursuant to this policy as an addition to the employee's approved vacation balance.
6. Subsequent to the receipt of the leave donation forms, the Personnel Department shall credit the recipient employee's vacation leave balance. An employee who is receiving natural disaster leave donated by other employees shall be allowed to accrue vacation and sick leave while in that status, however, all donated leave shall first be used prior to the use of the employee's accrued vacation leave time.

### III. RETROACTIVE

The Natural Disaster Leave Donation Policy shall be retroactive to May 24, 2004.

  
\_\_\_\_\_  
Don Taute, Personnel Director

7/8/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Ray Stevens, Chair  
Board of County Commissioners

7/8/04  
\_\_\_\_\_  
Date

**CITY OF LINCOLN -- LANCASTER COUNTY**  
**Natural Disaster Leave Donation Request Form**

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*(To be completed by Requesting Employee)*

\_\_\_\_\_, an employee in \_\_\_\_\_,  
(Name) (Department)

has requested vacation leave/Personal Convenience Holiday donations under our Natural Disaster Leave Donation Program and meets the conditions of our Natural Disaster Leave Program per the attached verifying documentation. My signature hereto acknowledges that I agree to release, indemnify, and hold harmless, the City of Lincoln and Lancaster County from any claim I might have relating to the release of only my name to City or County Departments advising them that I am eligible for Natural Disaster Leave Donations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Social Security Number: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
Department Head Date

APPROVED: \_\_\_\_\_  
Personnel Director Date

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Employee: Forward this request form ***and*** verifying documentation to your department head.

